

STATE OF ARIZONA
GOVERNOR'S OFFICE
HEALTH INSURANCE EXCHANGE
WORK PLAN & MILESTONES
LEVEL ONE ESTABLISHMENT GRANT

November – December 2011	January – February 2012	March – April 2012	May – June 2012	July – August 2012	September – October 2012
1. Background Research					
	Background research will be used to model potential enrollment in both the Medicaid and commercial components of the Exchange.				
2. Stakeholder Involvement					
Continue general stakeholder consultation on design and operational issues. Moving forward provide minutes to HHS.					
Continue stakeholder work groups on specific implementation issues.					
Continue tribal consultation w/the 22 federally recognized tribes in Arizona. The Inter-Tribal Council of Arizona, Inc. will coordinate soliciting tribal input on Exchange design and operational issues.					
			**Contract w/Inter-Tribal Council of Arizona, Inc. to provide public education outreach services to tribal lands/members. Provide HHS all materials and presentations that are a part of these services.		
3. Legislative/Regulatory Action					
Will continue to explore options as to the legal authority to establish the Exchange with the Governor’s Legal Counsel in this section.					
Will continue to engage and update the Legislature on this project.					
4. Governance					
**In consultation with stakeholders, develop a Governance model that ensures public accountability and transparency.		**Finalize the Governance structure that will have the legal authority to operate an Exchange in Arizona that complies with federal requirements.			

5. Exchange IT Systems					
**Complete the review of product feasibility, viability, and alignment with Exchange program goals and objectives.		**Complete final requirements documentation (including System Design, Interface Control, Data Management, & Database Design).			**Complete preliminary and interim development of baseline system & review & ensure compliance with business & design requirements.
**Complete preliminary business requirements and develop an IT architectural and integration framework.		**Finalize IT and integration architecture. Complete final business requirements and interim detailed design and system requirements documentations (e.g. technical, design, etc.).		Award contract for Exchange website RFP.	
**Complete Systems Development Life Cycle (SDLC) implementation plan.		** Complete preliminary detailed design and system requirements documentation (e.g. technical, design, etc.).			
**Complete security risk assessment and release plan.		Issue an RFP for development, design and maintenance of the Exchange website.			

6. Program Integration					
<p>**Execute an agreement with the Arizona Department of Insurance that includes:</p> <ul style="list-style-type: none"> --Determination of the roles and responsibilities of the Exchange and the ADOI as they relate to qualified health plans offered inside and outside the Exchange. --Devise a strategy for limiting adverse selection between the Exchange and the outside market, possibly including legislative changes to level the playing field. 	<p>**Perform detailed business process documentation to reflect current State business processes, and include future State process changes to support proposed Exchange operational requirements.</p>	<p>**Execute an agreement with the State Medicaid agency, and any other applicable State health subsidy program, & other specific health & human services programs as appropriate, that includes:</p> <ul style="list-style-type: none"> --Determination of the roles and responsibilities related to eligibility determination, verification, and enrollment --Identification of challenges in the program integration process, strategies for mitigating those issues, and timelines for completion. --Strategies for compliance with the “no wrong door” policy. --Standard operating procedures for interactions between the Exchange and OASHSPs. --Cost allocation between the Exchange grants, 			

		Medicaid Federal Financial Participation (FFP), and other funding streams as appropriate.			
Continue collaboration on design and development of Exchange and AHCCCS IT systems to integrate eligibility determination and enrollment process.					
7. Financial Management					
**Continue to adhere to all HHS financial reporting requirements under the Level One Establishment grant.					
**Continue to utilize the Governor's Accounting Office staff and expertise on financial management procedures and issues.					
**Continue to perform monthly account reconciliation.					
	Submit 12-31-11 FFR	Submit 3-31-12 FFR		Submit 6-30-11 FFR	
		Develop a financial model to determine projected enrollment in the Exchange and the annual budget.		Determine the funding source such as user fees or assessments to ensure that the Exchange will be self-sufficient.	
8. Oversight & Program Integrity					
**Continue to leverage existing internal expertise and contracts to provide and administer the appropriate oversight.					
				Establish procedures for an independent, external audit of Exchange finances.	
				Incorporate program integrity requirements into all vendor contracts.	
9. Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints					
		**Determine if the existing appeals process for resolving questions of medical necessity and contract are sufficient along with identifying any possible needs.		**Incorporate into the contract for the call center customer service component, language that vendor will handle pre- and post-enrollment assistance.	
		**Evaluate existing AZ Dept. of Insurance telephony system to determine capability of handling compliance with the ACA and Exchange			
10. Certification of Qualified Health Plans					
Conduct stakeholder meetings and a carrier work group on the certification process.		Develop timeline for integrating the certification process with the IT systems to ensure there is sufficient time to receive and approve filings for qualified health plans along with the upload to Exchange website.		Finalize certification process and make it available to health insurers.	
					Accept qualified health plan applications.

11. Call Center					
Collaborate with the State Consumer Assistance Program or Health Ombudsman program to determine if call center functionalities can be shared.		Develop requirements for call center operations.			
		Issue, evaluate, and award RFP for call center vendor.			
12. Exchange Website and Calculator					
**Begin developing requirements for systems & program operations, including: --Requirements related to online comparison of qualified health plans. --Requirements related to online application and selection of qualified health plans. --Premium tax credit and cost-sharing reduction calculator functionality. --Requests for assistance. --Linkages to other State health subsidy programs & other health and human services programs as appropriate.		**Begin systems development.			**Submit content for informational website to HHS for comment.
				Consult w/stakeholders on website functionality and user value.	

13. Quality Rating System				
	Incorporate quality rating system requirements into RFP for IT infrastructure.			
		Include quality rating requirements into website functionality.		
14. Navigator Program				
		Determine qualifications of Navigators including licensures as insurance producers.	Determine funding source for Navigator program.	
15. Eligibility Determination				
**Begin developing requirements, including requirements on the Exchange side and in OASHSPs, (and other program agencies as appropriate), including: -- Integrating or interfacing with OASHSPs to support enrollment transactions and eligibility referrals --Coordinating appeals --Coordinating applications and notices -- Managing transitions --Communicating the enrollment status of individuals.	Incorporate system requirements for eligibility determination into the Exchange IT systems to comply with “no wrong door” policy.			

**Begin system development, Including and systems development needed by OASHSPs (and other programs as appropriate).					
16. Enrollment Process					
	Incorporate system requirements for eligibility determination into the Exchange IT systems to comply with “no wrong door” policy.			<p>**Begin developing requirements for systems & program operations, including:</p> <ul style="list-style-type: none"> --Providing customized plan information to individuals based on eligibility & QHP data. --Submitting enrollment transactions to QHP issuers. --Receiving acknowledgements of enrollment transactions from QHP issuers. --Submitting relevant data to HHS. 	**Begin systems development.

17. Application and Notices					
Review Federal requirements for applications and notices, begin customizing Federal applications and notices as allowable and begin developing requirements for Exchange-created applications and notices.		Incorporate Exchange created applications and notices into systems requirements.			
18. Exemptions from Individual Responsibility Requirement and Payment					
				<p>**Begin developing requirements for systems & program operations, including:</p> <ul style="list-style-type: none"> --Accepting requests for exemptions. --Reviewing & adjudicating requests. --Exchanging relevant information with HHS. 	**Begin systems development.
19. Premium Tax Credit and Cost-sharing Reduction Administration					
**Begin developing requirements for systems & program operations, including providing relevant information to QHP issuers & HHS to start, stop, or change the level of premium tax credits cost-sharing reductions.		**Begin systems development and incorporate requirements into website RFP.			

20. Application of Appeals of Eligibility Determination					
				Begin developing business processes and operational plan for appeals functions.	Initiate communication with HHS on process for referring appeals to the federal appeals process.
					Establish resources to handle appeals of eligibility determinations including training on eligibility requirements.
21. Notification and Appeals of Employer Liability for the Employer Responsibility Payment					
Incorporate requirements into IT infrastructure RFP.				<p>**Begin developing requirements for systems and program operations including:</p> <p>--Coordination of employer appeals with appeals of individual eligibility.</p> <p>--Submission of relevant data to HHS.</p>	** Begin systems Development.

22. Information Reporting to IRS and Enrollee					
Incorporate requirements into IT infrastructure RFP.				<p>** Begin developing requirements for systems & program operations, including:</p> <p>--Capturing data used in enrollment process.</p> <p>--Submitting relevant data to HHS for later use in information reporting.</p> <p>--Capacity to generate information reports to enrollees.</p>	** Begin systems Development.
23. Outreach and Education					
Hire employee to prepare basic marketing, public education and outreach campaign materials.					
Form stakeholder work group to develop marketing and outreach strategic plan.	Develop education and marketing materials, performance metrics and media strategy.				
		Submit final outreach and education plan to HHS.	Begin implementation of marketing campaign to build public awareness of the Exchange.		
		Issue, evaluate and award marketing, media and outreach RFP.			
24. Free Choice Vouchers					
**Begin developing requirements for systems and program operations, including reporting to employers and managing financial components of Free Choice Vouchers.		Incorporate system requirements for free choice voucher into website RFP.	.		**Begin systems development.

25. SHOP-specific Functions				
**Begin developing requirements for systems and program operations.		Incorporate SHOP Exchange requirements into website and IT systems design and RFP.		**Begin systems development.